REVIEW OF THE DoD/VHA CLINICAL PRACTICE GUIDELINE ON *POST-DEPLOYMENT EVALUATION*

Charles C. Engel, Jr., MD, MPH

Lieutenant Colonel, Medical Corps, US Army

Assistant Professor of Psychiatry, Uniformed Services University

Chief, Deployment Health Clinical Center, Walter Reed Army Medical Center

Gulf War Health Center

Caring for America's Finest

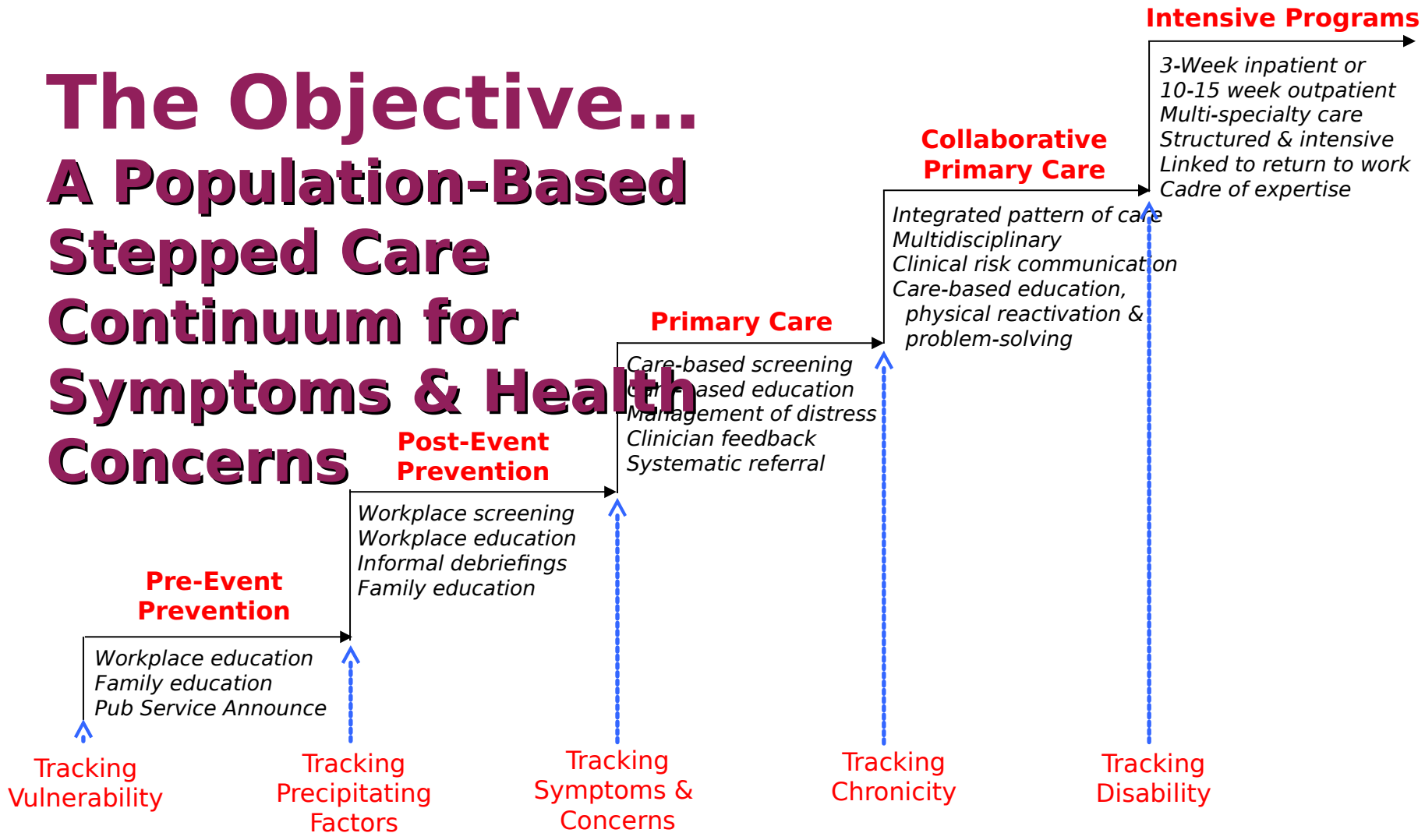
Walter Reed Army Medical Center

Centers for Deployment Health
ASD(HA) Policy Letter – 30 Sep 1999

- **Deployment Health Clinical Center (DHCC) at Walter Reed Army Medical Center**
  - Improve primary & tertiary care
  - Maintain & improve use of health information systems
  - Develop a program of military-relevant clinical research
  - Develop & implement health education program
- **Deployment Health Research Center at Naval Health Research Center in San Diego**
- **Deployment Health Surveillance Center at Center for Health Promotion & Preventive Medicine**

The Objective…

A Population-Based Stepped Care Continuum for Symptoms & Health Concerns



The Road Map

- Clinical **Experience**
- Systematic **Research**
- Collation of Research **Evidence**
- Evidence-Based Clinical Practice **Guidelines**
- **Implement** the Guidelines
  - Tools for clinicians & patients
  - Informatics innovations to track care
  - Web-based info dissemination
  - On-site clinical education
- **Continuous Cycle** - Experience, Research, Collation, Guideline Revision, Improved Implementation

Guideline Development Was Multi - Organizational

- VA clinicians experienced with gulf registry
- DoD clinicians experienced with comprehensive clinical evaluation program
- Army, Navy, Air Force
- Experts from civilian academia

Systematic Basis for Guideline Content

1. Scientific evidence considered first – usually little direct evidence
2. Independent policy review group recommendations (e.g., IoM, advisory groups, RAND reports)
3. Consensus of experienced clinicians
4. Consensus of guidelines working group

Guideline Development Was Multidisciplinary

Medical disciplines

- family practice
- internal medicine
- psychiatry
- preventive medicine

Allied clinical disciplines

- psychology
- nursing
- social work
- clergy

Essential non-clinical disciplines

- risk communication
- toxicologist

Veteran Involvement

- Helped to develop the guideline document
- Participated in toolkit development conference
- Posted guideline document on the internet for public comment

General Guideline Features

- appropriately tiered evaluation
- longitudinal care & follow-up
- longitudinal outcomes monitoring
- optimized risk communication practices
- web-based guideline support infrastructure

Three-Tiered Evaluation

Primary care assessment

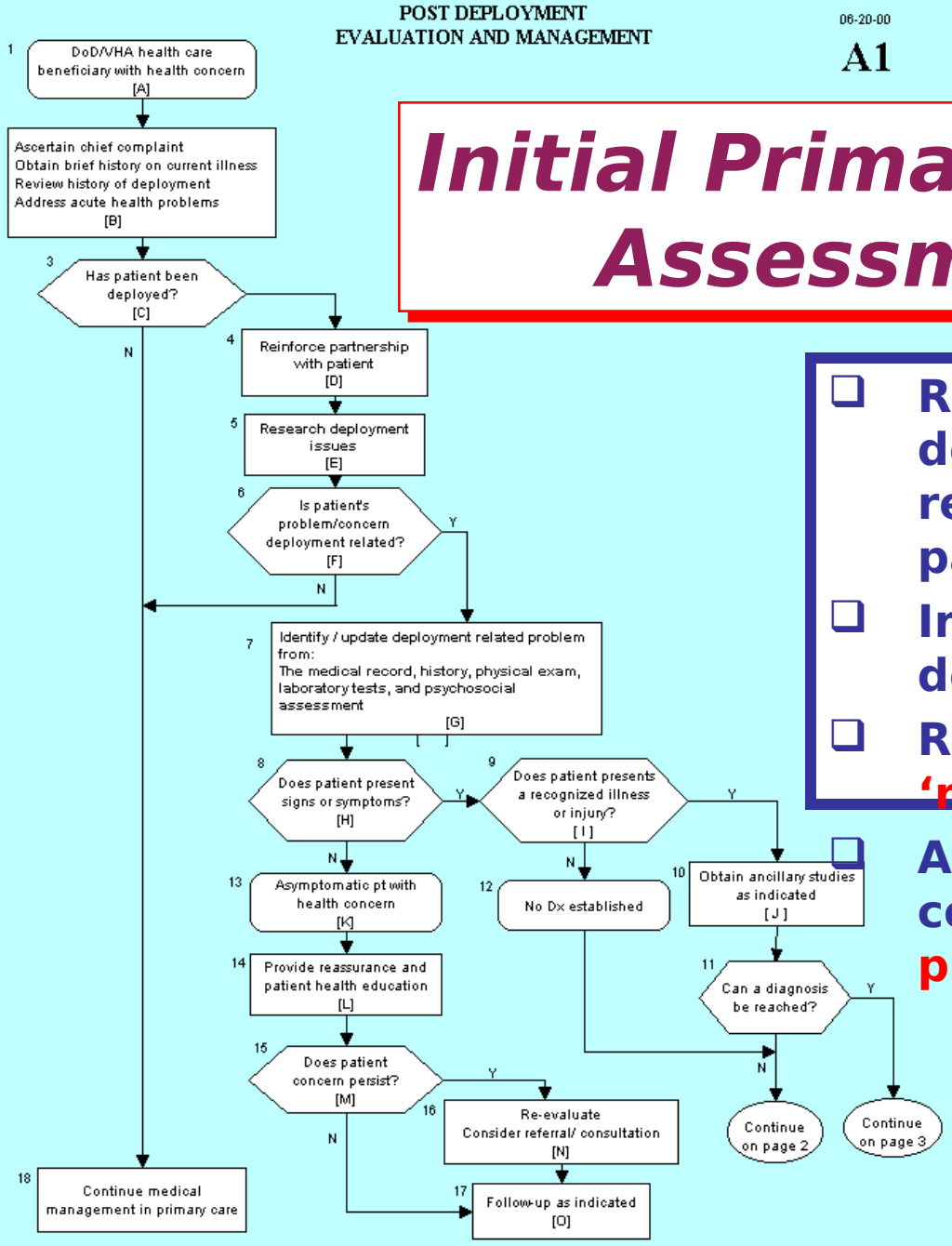
Collaborative assessment & care

Transition to disease management

Stepped Health Risk Communication

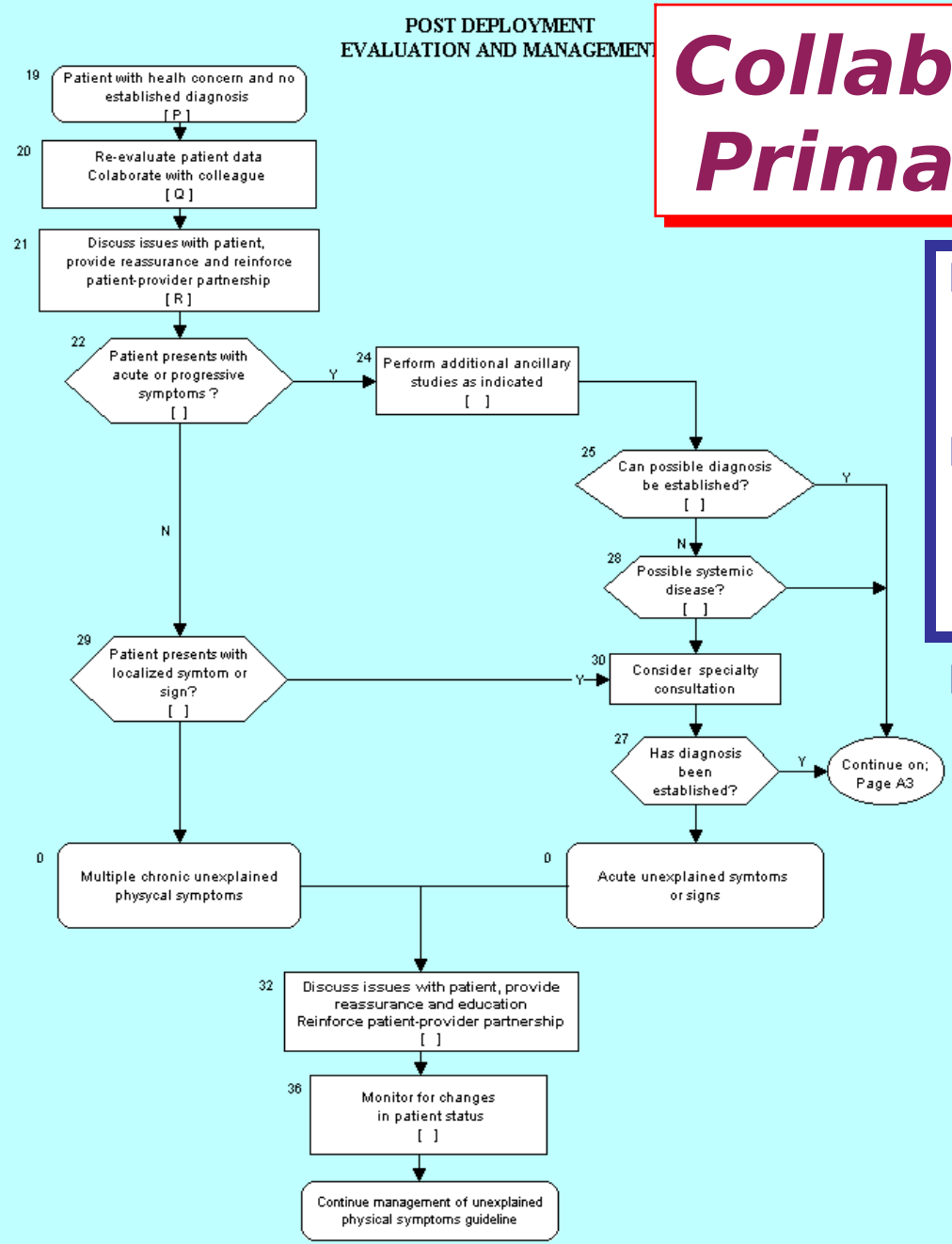
- **routine - rapport and trust building**
- **routine plus - web-based info for the "asymptomatic concerned" veteran**
- **routine plus plus - MUPS education and collaborative rehab care**
- **routine plus plus plus - DHCC consultation**

Initial Primary Care Assessment

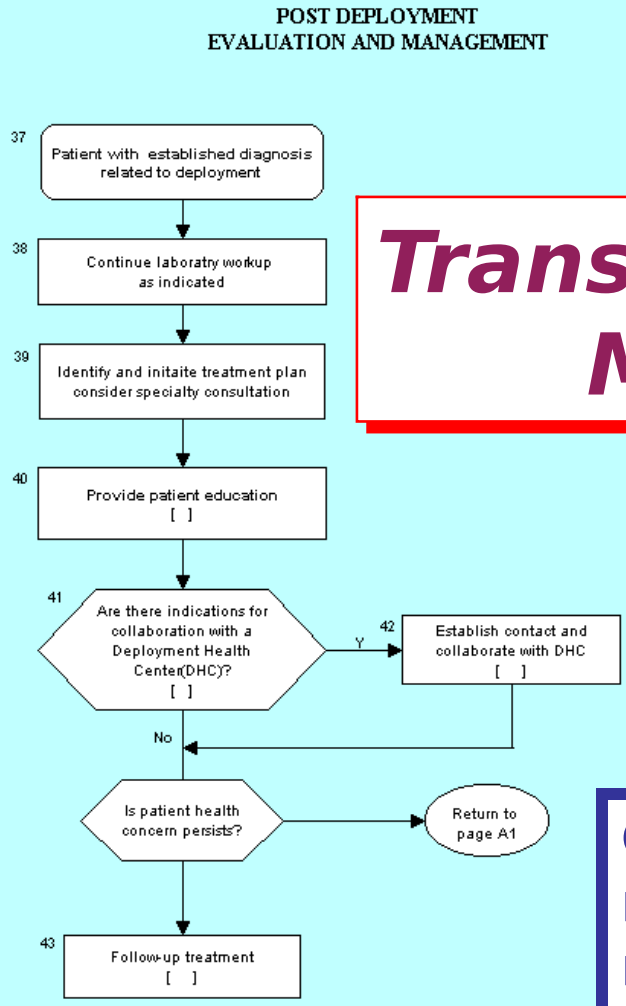

POST DEPLOYMENT
EVALUATION AND MANAGEMENT
06-20-00
A1
1 DoD/VHA health care beneficiary with health concern [A]
2 Ascertain chief complaint
Obtain brief history on current illness
Review history of deployment
Address acute health problems
[B]
3 Has patient been deployed? [C]
N
4 Reinforce partnership with patient [D]
5 Research deployment issues [E]
6 Is patient's problem/concern deployment related? [F]
Y
N
7 Identify / update deployment related problem from:
The medical record, history, physical exam, laboratory tests, and psychosocial assessment
[G]
8 Does patient present signs or symptoms? [H]
Y
9 Does patient presents a recognized illness or injury? [I]
Y
N
10 Obtain ancillary studies as indicated [J]
11 Can a diagnosis be reached?
Y
N
12 No Dx established
13 Asymptomatic pt with health concern [K]
14 Provide reassurance and patient health education [L]
15 Does patient concern persist? [M]
Y
N
16 Re-evaluate
Consider referral/ consultation [N]
17 Follow-up as indicated [O]
18 Continue medical management in primary care
Continue on page 2
Continue on page 3

- Recognition of deployment relatedness (per patient)
- Investigate deployment
- Routine assessment – 'routine' risk commo
- Asymptomatic concerned – 'routine plus' risk commo

Collaborative Primary Care



- Guidance regarding interdisciplinary practices
- Defines low diagnostic yield unexplained symptoms group
- ‘Routine plus plus’ risk commo for unexplained symptoms



Transition To Disease Management

Connection to the range of disease management guidelines currently in use or development

Outcomes Monitoring

36 item short form questionnaire (SF-36)

Patient health questionnaire (PHQ)

Military unique “fifth vital sign”

Two Year Guideline Life Cycle

“Unless…wars are fought solely by machines, the human cost of warfare will remain high. The troops must…be given a commitment for all necessary care for war-

straus SE: Lancet 1999; 353: